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ABSTRACT

A major focus in the literature on rural aging has been the dearth of formal services available in rural areas and the unique features of service delivery in rural communities. It has not generally been recognized that rural older adults are not passive recipients of services and care but rather, active manipulators of social support systems through which they meet their perceived needs and the needs of others in their network. This multi-phase study examined care giving and care receiving by 30 older women. The data collected included life histories, in-depth structured interview and observational data, and network analysis profiles. The results indicated that the participants were both receivers and providers of care. Most of the informants' relationships with family and friends were multiplex. That is, they reported multiple linkages of assistance and care provided to and by individual members of their support networks. These data suggest that most of the informants are firmly entrenched in a strong system of social support. Multiplex relationships are individual relationships in ego's social support system which have more than two reported linkages or connections. The rural older women were clearly involved in social support systems within which they both gave and received support and assistance.

(ABL)

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**SOMEONE TO LEND A HELPING HAND:
Older Rural Women as Recipients and Providers of Care**

**Presented at the symposium on
"Serving the Rural Elderly",
at the annual meeting of the Gerontological Society of America,
Boston, November 19, 1990**

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INTRODUCTION

A major focus in the literature on rural aging has been the dearth of formal services available in rural areas (Nelson 1980; New York State Senate Research Service 1980; Taietz and Milton 1979) and the unique features of service delivery in rural communities (Coward and Smith 1983; Farley, Griffiths, Skidmore & Thackery 1982; Ginsberg 1976). Another related focus has been the assessment of the needs of the rural elderly (Ansello 1981; Hynson 1975; Krout and Larson 1980; Krout 1976). In much of this analysis, the rural elderly have been viewed primarily as receivers of care. It has not generally been recognized that rural older adults are not passive recipients of services and care but rather, active manipulators of social support systems through which they meet their perceived needs and the needs of others in their network.

This article focuses on rural older women as both receivers and providers of care, assistance and support recognizing that they are enmeshed in social support systems involving family, friends, neighbors and formal service providers through which their needs are met and they meet the needs of others. An understanding of their provision and receipt of support should be sought within the context of their attitudes and values. Key variables in understanding the expectations of rural adults in meeting their needs and the needs of others are a strong desire

to preserve independence, a related sense of autonomy and an understanding of the importance of flexibility in interactions with one's social world.

Network analysis is a useful research tool in this regard. Network analysis has been used in anthropology for the past twenty years (Barnes 1972; Boissevain & Mitchell 1973; Boissevain 1978; Mitchell 1969; Sokolovsky & Cohen 1981, 1983; Wolfe 1970) and has been adapted as a research strategy in gerontological research for understanding interactions of the aged. "The growing interest in maintaining the elderly segments of our population in the community as well as humanely dealing with their problems has greatly stimulated research interest in social networks that can serve as "natural" systems of support" (Sokolovsky 1986:231). In the present research all of the individuals important in the lives of the informants were included in their self-defined social networks.

Several factors have been discussed in the literature as affecting the amount of assistance provided by informal and formal service providers. One set of factors related to changes in informal social support networks which is particularly relevant to the present consideration is the mobility of the younger generation in the United State since World War II. It has been suggested that the loss of networks (or a decline in their ability to provide daily assistance) as a function of the mobility of younger generations may be most detrimental to those

elders who reside in small towns and rural communities (Lee and Cassidy 1981). Other literature suggests that older rural residents are more highly integrated into strong networks providing informal social support than their urban counterparts (see Lee and Whitbeck 1987; Kivett 1985). Most of these studies focus on the quantity or frequency of interaction with no concept of the nature of the relationship or the meanings attached to those relationships by the participants (Lee and Whitbeck 1987). Another crucial factor relates to the changing role of women (Pilisuk and Minkler 1980). Since women have traditionally been a critical force through which relationships and helping networks across generations have been initiated and maintained, their entrance into the labor force in large numbers has serious consequences for the provision of social support to the elderly.

Eugene Litwak (1985) has developed a theoretical model for understanding the complementary role of formal organizations and informal primary-group networks in the lives of the elderly. He develops a model of the structure of the various formal and informal primary groups. These structures are matched to the structure required by various tasks using the principle that primary groups can best handle those tasks that match them in structure. This offers a positive approach to dealing with the inherent conflict between formal service provision and informal social support. This model will be discussed in light of the findings of this research with rural older women.

BACKGROUND AND METHODOLOGY

This paper is based on the findings of a multi-phase study of 30 older women living in rural Central Minnesota. A sample of thirty older rural women were selected which was similar to the larger regional population in terms of key demographic characteristics. These characteristics include education and income and which represented a range of individuals in terms of these characteristics. Selecting the sample in this way allows us to compare the findings from the study sample to the total population of older women in the region. The sample was also selected to include sufficient numbers of individuals in key subgroups for analysis (e.g. 75+, divorced and never-married).

The rural population was initially defined in the present study in terms of the size of the population living in a given area and low concentration of population. Individuals living in towns of under 2500 were included using the United States Census definition of rural. While this initial definition was useful in terms of selecting participants, it was also necessary to determine how rural older women themselves define rurality. Several farmwives who had moved into a larger town were also included in the sample. Questioning and self-definition of the participants was used in analyzing the extent of "ruralness" of each of the respondents.

The women defined rural in terms of both geographic location and the nature of life. The women characterized themselves as rural because "they live out in the country," where it is quiet, peaceful and spacious. They talked about having freedom and not being confined and enjoying the outdoors. They thought of life on the farm as the essence of rurality and described aspects of their lifestyle they considered to be rural including depending on their neighbors, having more friends, and not having much formal education. The rural lifestyle was described as being more simple. Most were long-time residents of their community and this continuity is a key to understanding their aging experience. This image of rural life as more simple and based on close social ties is key to an understanding of the aging experience of these rural older women.

The data collected includes life histories, in-depth structured interview and observational data and network analysis profiles. Extensive network analysis profiles were developed for each respondent through informal conversations. The technique used was adapted from Sokolovsky (1986). Each participant was asked to talk about each of the people who are important in her life including: a) community kin, b) community non-kin, c) kin out of the area and d) other non-kin. The methods used are discussed more fully in Shenk and McTavish (1988) and Shenk (1987).

The women were also asked a set of questions about their need for assistance with a range of activities such as grocery shopping, preparing meals, and bathing and whether they help anyone else with these activities. They were asked a series of hypothetical questions about whom they would turn to if they needed help in dealing with different kinds of emergencies or problems. Information was gathered about the kinds of assistance they both gave and received, based on the interview responses, network analysis and informal discussions with the study participants.

ANALYSIS AND DISCUSSION

The participants in the project were both receivers and providers of care. One striking example is an informant who has been a caregiver to her husband for the past 34 years, since an accident which left him unable to walk. While she continues to provide a high level of assistance to him in meeting his daily needs, an adult daughter who lives nearby also provides a great deal of assistance and support to them both. The patterns of support of the women in the study indicate that they seek and provide assistance to and from a broad range of individuals.

Most of the informants' relationships with family and friends were multiplex. That is, they reported multiple linkages of assistance and care provided to and by individual members of

their support networks. The total numbers of multiplex relationships reported are listed in Table 1.

TABLE 1. NUMBERS OF MULTIPLEX RELATIONSHIPS

These data suggest that most of the informants are firmly entrenched in a strong system of social support. Multiplex relationships are individual relationships in ego's social support system which have more than two reported linkages or connections. These can include for example, visiting, eating together or any other social exchange or activity. Two-thirds of the study participants reported from one to eight multiplex relationships with relatives in the area. Slightly fewer reported multiplex relationships with relatives outside of the area.¹ Eighty percent of the informants reported multiplex relationships with friends in their community. More such relationships were reported than with family, suggesting the importance of friendship relationships in the daily lives of these rural older women. Very few reported multiplex relationships with friends out of the area, citing limited mobility as the primary factor.

A measure of directionality assessed the number of relationships in which the research subjects primarily provided assistance to another member of their network, primarily received assistance from a particular member of their network, and reciprocal exchanges. Relationships were characterized in terms of directionality as: 1) from the subject to other, 2) from other to the subject and 3) reciprocal. The percentages of the informants who reported relationships within each category with family and friends in and out of the community are listed in Table 2. The largest numbers of relationships were reported for reciprocal relationships with both family and friends in and out of the community. The numbers of directional relationships with family and friends both in and out of the community were quite similar.

TABLE 2. DIRECTIONALITY OF RELATIONSHIPS

	Ego to other (1)	Other to ego (2)	Reciprocal (3)
Relatives in area	73.3%	80 %	83 %
Friends in area	90.0%	90 %	100 %
Relatives out of community	86.7%	92.7%	100 %
Friends out of community	43.3%	43.3%	80 %

These rural older women are clearly involved in social support systems within which they both give and receive support and assistance. They are most likely to turn to a member of a particular category of informal support for assistance with specific kinds of problems, while in many cases no consistent pattern was apparent. For instance, they are most likely to turn to close family members most consistently for care when they get sick. In contrast, in a range of situations including feeling lonely or needing help around the house, different informants turn to members of various categories within their social network for support. They seek assistance from friends, family or neighbors or sometimes service providers for a range of tasks including transportation when they need to get somewhere quickly and don't have a ride or assistance in filling out forms. These individual choices are based on the nature of the specific relationship a woman has with each of her family members, friends and neighbors.

When on-going assistance is needed with personal care, the women clearly prefer to turn to the formal system, rather than seek help from individuals in their informal support network. They are more comfortable if this personal assistance is received from someone with whom they can maintain a non-personal relationship. It was not considered a favorable choice to have even a spouse assist with intimate personal care. A subgroup of the sample for example, reported needing assistance with bathing.

All of them are assisted in bathing by home health aides and hired service providers rather than friends or relatives. Even those who are still living with a spouse, did not receive assistance with bathing from their husband. The study participants consistently reported that they would rather use formal service providers to assist them with personal care than impose on friends or neighbors, or even family. Assistance can be accepted from a formal service provider without a feeling of loss of independence or becoming a burden as would be the case in depending on a relative or friend. According to Litwak's model, assistance with personal care requiring proximity would be sought from a member of the household. This is clearly not the case for the rural Central Minnesota sample. The question remains whether the difference is attributable to rural values, regional characteristics or other variables.

At the same time, three of the women assist others with bathing. One assists her husband, while 2 others are paid for providing personal care. One works part-time as a home health aide and the other was temporarily living with and working for an older woman.

The women turn to various sectors of their support system for assistance with less personal tasks with which they need help on a continuing basis. Grocery shopping is a good example of this kind of non-personal, on-going task. According to Litwak's model it would be defined as a task requiring continual proximity,

long-term commitment, small group size and probably someone from a younger generation if assistance is needed carrying groceries. Two-thirds of the sample do their grocery shopping by themselves. Of the one-third who don't do the shopping by themselves, seven have assistance. The women who reported receiving assistance from others with grocery shopping indicated receiving support from the following individuals as reported in Table 3.

TABLE 3. WHO HELPS WITH GROCERIES

	<u>Frequency</u>
Children	2
Friends	1
Neighbors	1
Other relatives	1
Service-provider	2

Approximately the same number help others with grocery shopping as the number of informants who receive help. They provide assistance with grocery shopping to the following categories of individuals as reported in Table 4.

TABLE 4. WHO YOU HELP WITH GROCERIES

	<u>Frequency</u>
Parents or in-laws	1
Friends	3
Neighbors	2
Other	3

explained that all she really needed was assistance with housecleaning. The dilemma she expressed was based on her perceived inability to pay the going rate to hire someone to clean and her unwillingness to turn to social services for assistance. "I'm not going to tell them how much we make. That's nobody's business." In fact, having told me in great detail about her life, friends and family, she was unwilling to indicate within what range her income fell. An unwillingness to disclose information about one's economic situation is characteristic of the region. It is difficult to assess whether this is related to the strong religious character of the area which is predominantly Roman Catholic. In any case, the boundary is clearly drawn regarding the privacy of one's economic situation. As discussed above, the elderly's sense of independence establishes the boundaries and guidelines for interactions and relationships. For her the boundary was clearly drawn regarding the privacy of economic matters. Her husband has since died and she has moved into a nursing home. The move was difficult for her and she recently wrote:

"I am fairly well and I wouldn't be here, but they say I can't be alone... The nurses and aids are so good to me, but I can't seem to adjust to life here. It is such a lonely and depressing place. My many friends are so good about coming to see me which helps me keep my sanity..."

The women made decisions about seeking assistance on an individual basis and felt better about those situations in which

The women in the study receive help from and provide assistance to a broad range of family, friends, neighbors and service providers, with no clear pattern emerging of seeking or providing a particular kind of non-personal support from or to a specific category of individuals. The women made decisions about seeking assistance on an individual basis, based on their personal relationships with individuals within their informal social network. Litwak's model deals only with the structure of the task and the corresponding structure of the group appropriate to provide a particular kind of assistance. The findings of the present study suggest that we are discussing not a group but rather an individual matter. The women seek support and provide support as necessary and convenient from a broad range of members of their social network. The choices are based on a range of variables including convenience, personal relationships and availability. Arrangements that maximize their personal independence and control are strongly preferred.

Independence and Autonomy

Independence is defined in terms of retaining control over decisions. A powerful example is provided by the informant who explained that she and her 90 year-old husband were increasingly frail. They still managed alone in their farm home. They no longer farmed but had gardened until the previous year. She

they made a conscious choice. One informant for example, pays a neighbor to assist with shopping and housework. She explained that she preferred to pay a neighbor to help her with housework because hiring someone to provide help allowed her to continue to feel independent. Any of the informants would feel comfortable with this arrangement if they instigated the exchange and were in control of the situation. The situation is an exchange if they are paying for the help and, therefore, does not diminish their feelings of independence and autonomy.

Their goal through these exchanges is to meet their needs for assistance in ways which allow them to maintain their independence. This is achieved through mechanisms which encourage their on-going autonomy and control. These goals are achieved through flexible use of their informal support system and flexibility in adapting to one's life situation.

Flexibility

Flexibility is an essential element which is the key to effectiveness in an individual's social support system. In fact, flexibility is essential to effective adjustment to aging. An individual's social support system must be flexible enough to adjust to such changes as the death of close friends or additional needs for support. At the same time a woman must be able to adjust to changes in her own life situation and health by

asking for needed assistance. Extensive literature suggests that most people resolve their problems by drawing on informal sources, but some may feel more comfortable about asking for help than others (Wenger 1987). An individual who is able to develop new friendships or ask for assistance from those in her social network, will be able to adjust to the changes and transitions that occur as one ages. Being able to approach one's personal network flexibly is related to personality and a general approach to life. Key factors in determining the degree of flexibility in an individual's personal support system is the individual style and the nature of the individual's relationships with those in her network.

The study participants also exhibited different styles of adapting to life and lifecourse changes. Most of the women have adjusted well to enormous challenges and changes including widowhood, serious illnesses, and the move from the farm into town. Several show a long-time failure to accept the past and adjust to the present, for various reasons. One woman seems defeated by the changes she has lived through and struggles to accept her present life situation. There is a divergence between those whose approach to life's changes is acceptance and the few whose approach to life's changes is one of regret and remorse. These differences are based on psychological and historical factors and personal reactions to things that happened earlier in their lives. The contentment or remorse that they feel with

their lives clearly affects their interactions with others and the ways in which they interact with their social support systems.

There are clear unspoken limits among these rural older women in regard to what they feel you can expect of friends, neighbors or family. These limits are related to generalized expectations of relationships with family, friends, neighbors and service providers. These expectations are explored in the following discussion.

Family

Research has found that the support systems of older people are generally based on a core of family with peripheral friends and neighbors (Walker 1975). Studies of family relationships have been limited however, by quantitative methodologies which have limited their data to measures of contact and frequency of contact with various relatives. Less attention has been paid to the content and quality of relationships and several researchers have urged such studies (e.g. Mancini 1984; Jerrome 1987).

In the present study family relationships were described as the most important aspect of the informants' lives. Participants made such statements as: "family means a lot, even my half-sisters" and "family is more important, of course." One informant described her relationship with her pastor in these terms: "I can talk with him like one of the family."

There are clear expectations for example regarding relationships with children and grandchildren. Most of the women had children living nearby by, although many children and grandchildren were living at a great distance. Although they often maintained close relationships in spite of geographic distance, they generally interacted on a regular instrumental basis primarily with the children living nearby. In talking about children and grandchildren, several women spoke about how these relationships changed through time. For example one respondent explained:

"...that's Sylvia's oldest. We were always very close. I don't see him much anymore. He's married and has a family. It seems when they get big, you don't see them as much. They get their family and all. He used to be around all the time, now I just see him on occasions. They don't visit."

These special relationships with particular children and grandchildren often provide an on-going source of emotional support for these rural older women, although not necessarily direct care. While the nature of the relationships and the extent of support and assistance that is actually exchanged have changed and may be minimal, the importance of the emotional support should not be understated.

Several also discussed the importance of treating each child and grandchild equally, for example as one informant explained:

"I don't have any favorites. They each do whatever I ask within reason, within the limits of time. I don't need help. The family all care, I know that they do."

While each of the grandmothers made an ideal statement about treating all of their grandchildren the same, with gentle questioning, most of the women discussed special relationships with particular grandchildren. These emotionally close relationships were determined by both physical closeness and personality. Most of the grandmothers feel a special closeness with grandchildren who they see most often. Some also talked about particular grandchildren with whom they have developed a closer relationship. These special relationships with particular children and grandchildren often provide an on-going outlet for emotional exchange and mutual assistance for these rural older women.

In some of the interviews and in fact, in several of these quotations, ambivalence and analysis of their own life situation are evident. There is a sense of resignation for example, to the fact that families do not always live up to an individual's expectations. As one informant admitted:

"Sometimes families don't get along. That's kind of sad. We always stayed out of their way and we stayed out of their business. Roy and I felt they have to live their own life. That way it's easier to get along."

She continued:

"I went to Cindy's wedding, that was the last time I saw them. Not even a thank you note for the small gift I gave them. I guess that's the way it goes. I hear through the grapevine about the birth of their children."

In spite of various disappointments and changing relationships, family remains a key component of the social networks of most of the study informants. Some children and grandchildren have

remained in the community. Several for example, continue to farm the family land. Many others have moved away leaving these rural women to deal personally with the impact of modern society on their lives in old age. That is, the rural pattern of remaining in one place, to be cared for by one's relatives and friends as you age, is no longer a reality that can be taken for granted.

Friends

Friends are another important component of the informants' social networks. There was consistent recognition of the fact that many of their closest friends had died. As one informant stated: "most of my friends are out in the cemetery... I guess that happens at this age."

While there was a consistent sense of the importance of friendship relationships to each of the women, there was a great deal of variability in the nature of the friendship relationships discussed and the definition of friendship that individuals used. For example, this was a common type of statement:

"There are a lot of people I know. We've been here since we got married, except for being away for a few years. But there aren't many that are at all close. The closeness is mostly with the family now."

or, as another informant explained:

"My interpretation of 'friend' is so different than most people, there aren't that many in my life. I don't have anyone that I talk with about personal things."

Yet another informant explained:

"I'm not the kind to put my worries on someone else. I don't usually talk to anyone. I read or knit to get over it. If I have a heavy worry, I go to church, but don't talk to anyone."

Although they all thought that their feelings were different from other people, many of the women felt that they had few close friends and that their view of friendship was unusual. In contrast, another informant has many close friends and people she talks with intimately. She explained her view that:

"We always need other people... I talk (intimately) with all my friends... I'm sorry for people that can't come out of their shell."

A common image of life in rural areas, also reported by my respondents, includes an expectation of close social relationships with friends and neighbors. In reality there is a great deal of variation in the roles that friends and neighbors play in the lives of various rural older women, in conjunction with the pattern of strong attachment to family. Some women deal with the rural phenomenon of everyone knowing everyone else by maintaining a distance in most of their relationships with friends, while a few seem to thrive on openness and intimacy. To a great extent, the number and nature of relationships with friends appears to be a reflection of a longterm pattern as discussed above in terms of flexibility. The individual's view of friendship is based on such variables as the individual's personal approach, emotional needs and her style of coping with life's changes.

Neighbors

Neighbors were discussed as an important source of assistance and support and "neighboring" was viewed as part of rural life. The term neighboring was used to refer to the pattern of socializing regularly and informally, and exchanging mutual assistance with some of the people living nearby. For example one informant reported that she had helped out the neighbors by providing nursing care, although she had no formal training. She explained: "I had done a lot of (nursing) since I was 20, for neighbors. That's when I learned to give shots and all that, which was good." She later used these skills in caring for her husband until he died.

Most relationships with neighbors were described as casual, rather than intimate. The women generally described their neighbors as acquaintances, rather than friends, explaining that they didn't talk with their neighbors about intimate things. Or as one informant explained: "We're not that kind, to watch too close." This reflects a perceived need to maintain emotional distance from neighbors because of the geographical closeness.

At the same time, however, neighbors were often recognized as a crucial component of the women's support systems, providing an important sense of security. For example, one woman stated: "If I didn't have her, I couldn't stay here." Another explained about a younger couple who live down the road that: "We couldn't live here if it weren't for them"

Several explained that they didn't depend on the neighbors for anything special but "might call them if anything happened." The confidence provided by knowing that someone was available close by to provide emergency aid or occasional assistance was essential to the comfort and well-being of the community-dwelling rural older women. Although they were not necessarily described as being good or even friends, and were sometimes more casual acquaintances, neighbors formed a small but crucial component of the support system of rural elders who remained in their own homes.

Service Providers

Although relatively few service-providers were included in the informants' social networks, these service-providers were another crucial component of the support systems and social world of the rural older women for whom they provided assistance. Most of the women talked about their health care providers and the staff of programs and services that they used as a part of their social network. There was a great deal of variation however, in the roles that these professionals played in the lives of these rural older women. Many had longterm relationships with doctors for example, but few thought of them as friends. Other types of service providers such as directors of senior centers and volunteer coordinators in contrast, were often described as good

friends. These kinds of service providers are of course providing a less personal type of care.

Service providers who came to the womens' own homes were generally essential to their being able to remain in their home. Housekeepers, homemakers and home health aides in particular, were very important to these rural older women. Housekeepers and homemakers were most likely to be listed as being close to the informant. Some of the women reported close friendships with these service providers, occasionally including them within the first tier of their social network. For example, one informant explained about her home-health aide through country social services:

"Marion is good therapy for me. We talk while she works. She tells me her problems and I talk to her. We talk about everything and it never goes any further.

A clear distinction was evident between those providing household assistance and those providing very personal assistance, like bathing. Those providing personal assistance were very important to the client's social world, but a more distant relationship was generally maintained.

Relatively few service providers were discussed as part of the social networks of the study informants. These formal providers of care who were part of the informant's personal networks were very important however, in the lives of those study participants. These rural older women use formal service providers to fill gaps in their informal support system.

CONCLUSIONS AND IMPLICATIONS

The rural older women in this qualitative study are strongly entrenched in social support systems based on informal supports provided to and by family, friends and neighbors. These informal support systems are generally supplemented and strengthened by support provided by formal service providers. The women are both givers and receivers of care and assistance. Their support systems reflect a lifelong pattern of exchanging emotional and instrumental support with family, friends and neighbors.

Eugene Litwak's model has been explored in terms of the finding of this study. Litwak suggests that variations from the standard response indicate "deviant cases" and that these atypical primary groups should "match the structure of the typical ones that ordinarily handle the tasks in question" (1985:46). His consideration of the similarity is related only to the structure of the task and the group. His model includes the variable of the motivation for the assistance, but there is no further measure of the quality or nature of the relationship between the provider and recipient of support as measured using network analysis. Recognition of the importance of the nature of the interaction in personal terms is a crucial variable which would add substantially to the power of the model. In addition to assessing the structure of the group and the task, a measure of the content or the nature of the bond required by a particular

task is also necessary to understand the choices made by older adults in meeting their needs. This might be done by using network analysis in combination with this structural model.

Litwak's model is enlightening, but it does not work well for the present sample of rural older women because it does not fit the specific cultural expectations. Litwak recognizes "that there are other equally important resources that could affect the extent to which services are delivered" (1985:49). This sample provides evidence that these rural women vary dramatically from what would be expected according to Litwak's model. Rural expectations of what one does for neighbors for example, are different from those described by his model. Furthermore the interpretations of and meanings attached to the interactions indicate that caution must be used when employing Litwak's model at the level of a local or regional community. Finally, Litwak states that "for those who do not have such atypical primary groups, the loss of a given group should generally mean a loss of services" (1985:46). My findings suggest that rather, most rural older women have learned the importance of flexibility throughout their lives and have learned to apply this value to their relationships with members of their social network within the limits defined by cultural values.

The way of life of today's generations of rural older adults continues to be based on a strong system of interaction with family, friends and neighbors. At the same time, their way of

life is different in important ways from that of their parents and grandparents. Their lives are also different from the lives of their children and grandchildren. Their attitudes about close social relationships, their strong feelings of independence and autonomy and view of the way people should treat each other are all important to an understanding of their social world. Based on this understanding we, policymakers and service providers should assist them in sustaining a network of social supports which continue to strengthen their social world in their later years, rather than diminish their sense of community, self control and dignity.

NOTES

1. The area or community was self-defined by the informants, based on their sense of the boundaries of their community. This varied greatly for different informants based in large part on their own geographic mobility.

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